

FARM MUTUAL INSURANCE COMPANIES

Indiana Instructions for 2008 Annual Statement Filing

1. All Annual Statements must be prepared in Excel format.
2. Changes to the 2008 Annual Statement as the result of correspondence with this Department, or due to the requirements of other Insurance Departments of which this Department has been notified, should be taken into consideration when preparing the 2008 Annual Statement.
3. Changes resulting from a Department Examination must be reflected in this Statement.
4. Return this form with the Annual Statement filing.

FILING INSTRUCTIONS	
Blank forms & Required Filings Contact Person:	http://www.in.gov/idoi/2369.htm Deanne Bullman at dbullman@idoi.in.gov (317) 232-5692
Mailing Address (except for Indiana Fee & Retaliatory Fee Statement and Premium Tax Filings):	Attn: Financial Services Indiana Department of Insurance 311 W. Washington St., Suite 300 Indianapolis, IN 46204-2787
Mailing Address for Indiana Fee & Retaliatory Fee Statement:	Bank Lock Box Indiana Department of Insurance Post Office Box 636 Indianapolis, IN 46206-0636 Debra Graves, 317-232-1993
Mailing Address for Premium Tax Filings and Payments: Annual due: 3/1 Quarterly due: 4/15, 6/15, 9/15, 12/15	Bank Lock Box Indiana Department of Insurance Post Office Box 577 Indianapolis, IN 46206-0577 Debra Graves, 317-232-1993
Premium Tax Election:	IC 27-5.1-2-8 was modified during the 2006 legislative session to include IC 27-1-18-2, which allows a farm mutual to elect to pay premium tax. Notice of election must be filed on or before 11/30 each year with the Insurance Commissioner and the Commissioner of the Department of Revenue. In this notice the farm mutual must state it elects to pay premium tax rather than corporate tax; this notice refers to 1/1 of the following year. If a notice is not received by 11/30, the farm mutual will automatically have to pay corporate tax. The election notice needs to be sent to Debra Graves at the Financial Services mailing address above.
Premium Tax Penalties:	The penalty for non-filing is \$100 per day. The interest penalty for late filing is 1% of the payment due for each month or part of a month. (Penalty based on received date not postmark date)
Modifications and/or changes:	Changes:
Original Signatures:	Annual Statements must have original signatures.
Signature/Notarization/Certification:	Annual Statements must have an original notarization.

NAIC Company Code: _____

Company Name: _____

Contact: _____ Phone: _____

Checklist	Required filings for Indiana	Number of Copies	Due Dates
	Completed Instruction Checklist	2	3/1
	Annual Statement (8 1/2" x 14")	2	3/1
	Statement Filing Fees (Indiana Fee & Retaliatory Fee Statement)	1	3/1
	Premium Tax – only if election notice filed	1	3/1, 4/15, 6/15, 9/15, 12/15
	Income – Increase in Ledger Assets, page 2 from annual statement (to be filed with premium tax form, if elected)	1	3/1